

ANNUAL REPORT

OF THE

MEDICAL OFFICER OF HEALTH,

For the Year 1921.

MALCOLM MANSON, M.C., M.A., M.D., D.P.H.,
Medical Officer of Health.

WHITEHAVEN :

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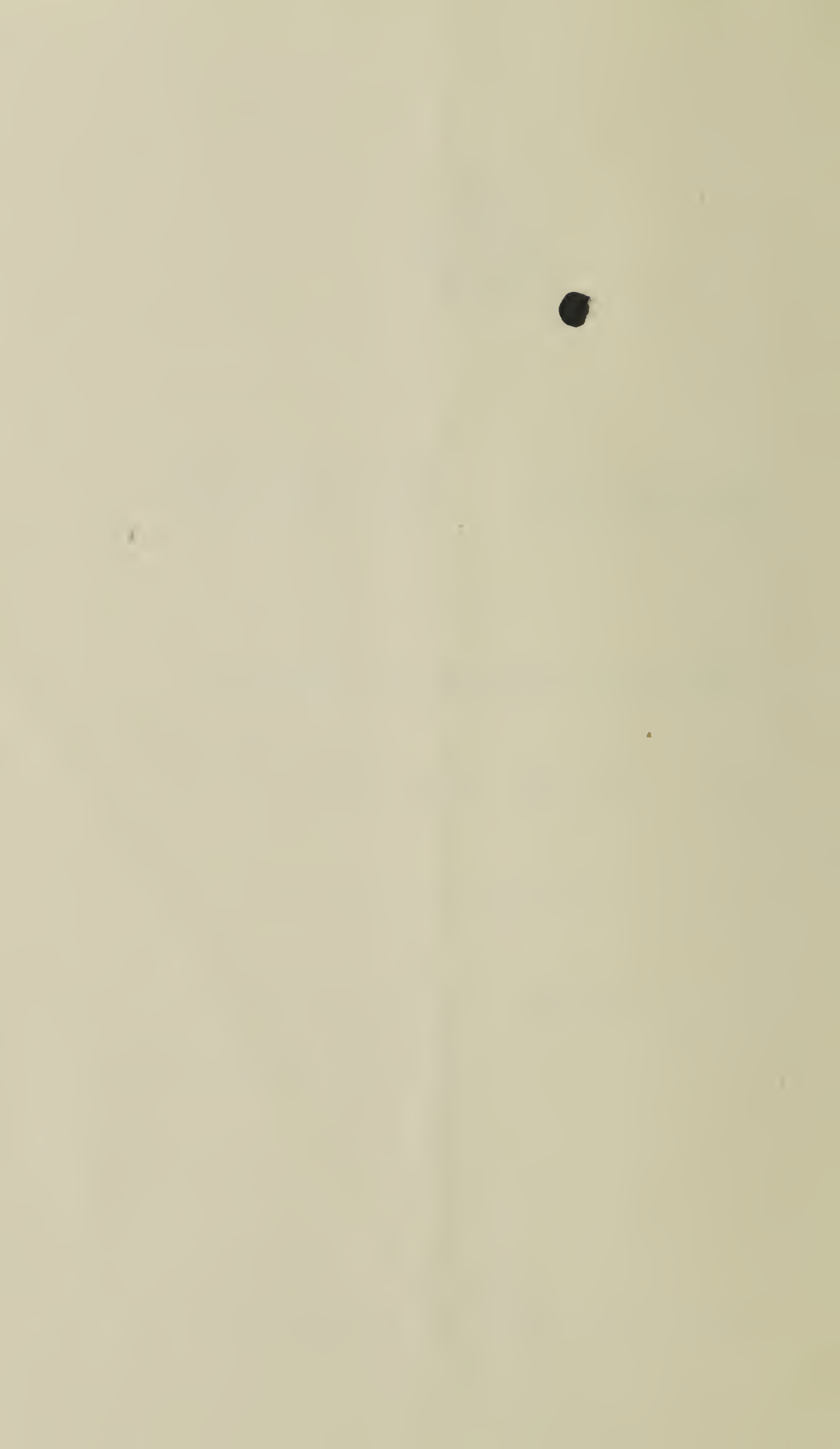
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TO THE WHITEHAVEN TOWN COUNCIL.

TOWN HALL,

WHITEHAVEN,

March 31st, 1922.

GENTLEMEN,

I beg to submit my Annual Report as Medical Officer of Health for the year 1921. The size and form of the Report are largely determined by Circular 269 of the Ministry of Health, issued on December 28th, 1921. This Circular relieves medical officers of the necessity of including in their annual reports details of conditions which do not vary from year to year, and allows them to curtail the information asked for in certain years. It requires a certain minimum of information, however, under a series of tables set forth in an Appendix to the Circular, and this I have supplied, reporting at somewhat greater length on such subjects as I consider are of particular application to the question of the public health of Whitehaven at the present time. I have also given in the Appendix to this Report most of the Statistical Tables which have been included in the reports of your former Medical Officers, so that there may be a continuity of statistical information relating to the health of the Borough.

I have been much helped in my work by the knowledge of local conditions possessed by my fellow officials, especially the Borough Surveyor, which has been put freely at my disposal, and my thanks are due to them for the willing and valuable assistance they have given me.

My thanks are also due to Dr. J. F. Muir, from whom I took over the duties of my office, for much kindness and courtesy.

I am, Gentlemen,

Your obedient Servant,

MALCOLM MANSON,

Medical Officer of Health.

BOROUGH OF WHITEHAVEN.

ANNUAL REPORT OF THE MEDICAL OFFICER OF HEALTH
FOR THE YEAR 1921.

I.—GENERAL STATISTICS.

Area of Borough in acres	...	...	...	1,743
Population (Registrar General)	...	...	...	19,810
Number of inhabited houses (December, 1921)	...	...	...	4,253
Number of families or separate occupiers (1911)	...	...	...	3,972
Rateable Value...	...	...	...	£76,183
Sum represented by a penny rate	...	...	...	£321

II.—EXTRACTS FROM VITAL STATISTICS OF THE YEAR.

	<i>Total.</i>	<i>Male.</i>	<i>Female.</i>	
Births—Legitimate	566	304	262	} Birth-rate, 29.73
Illegitimate	23	9	14	
Deaths	261	131	130	Death-rate, 13.17

NUMBER OF WOMEN DYING IN OR IN CONSEQUENCE OF
CHILDBIRTH.

From Sepsis	...	...	...	...	1
„ Other Causes	...	...	...	...	2

DEATHS OF INFANTS UNDER ONE YEAR OF AGE PER
1,000 BIRTHS.

Legitimate, 90.10	Illegitimate, 86.95	Total, 89.98
Deaths from Measles (all ages)	...	0
„ „ Whooping Cough (all ages)	...	3
„ „ Diarrhœa (under 2 years)	...	11

The figures given in Section I. and II. are of considerable interest. The population as recorded by the Census in June, 1921, was 19,536, the highest in the history of the town, showing an increase of 216 on the 1901 figures, and 488 on the 1911 figures. The corrected population, as estimated by the Registrar General, is even higher, namely, 19,810, and this I have taken as the actual population, on which I have calculated the birth and death-rates for the year.

The nett deaths belonging to the town number 261, as compared with an average of 332 for the preceding ten years, giving a Death-rate of 13.17 per thousand, the lowest but one in the history of the town. The average Death-rate for the preceding ten years was 17.75 per thousand, while for 1920 the Death-rate was 16.69. The Death-rate for England and Wales for 1921 was 12.1.

The number of births registered was 589, giving a Birth-rate of 29.73. This is considerably lower than the corresponding rate in 1920, which was 35.05, but is much higher than the Birth-rate for the whole of England in 1921, which was 22.4.

The deaths of children under one year of age numbered 53, giving an Infantile Mortality Rate of 89.98 per thousand live births—the lowest rate on record in Whitehaven. It compares very favourably with that of 1920, which was 107.14, and even more so with the average rate of the preceding ten years, which was 128.36. This very gratifying low Infantile Mortality Rate has been contributed to by many factors. There has been an almost total absence of Measles and Whooping Cough throughout the year, two diseases apt to be very fatal to young children. In spite, too, of the long dry spell in the summer, there was an almost complete absence of infantile diarrhoea, another disease very apt to cause heavy mortality, the infantile deaths due to this cause numbering only 8. Finally, there seems little reason to doubt that the increasing attention which is being devoted to the case of young children, especially during the first year of life, is beginning to have an appreciable effect on the infantile mortality in the town. The record of work done by the Health Visitors of the Council shows that of the 589 children born during the year 261 were brought to the Child Welfare Centre, to be kept under observation there, while 576 received regular visits in their homes from the Health Visitors. All this devoted work cannot fail to have some effect, and it seems reasonable to believe that it has contributed to the downward course of Infantile Mortality in Whitehaven. The Infantile Mortality Rate for England and Wales during 1921 was 83, almost seven

points below the Whitehaven rate. When the overcrowding of houses, so prevalent at present in Whitehaven, is taken into consideration, it may be taken that the Infantile Mortality Rate for 1921 is not very much higher than one might reasonably expect.

Table I. in the Appendix to the Report gives the Birth, Death, and Infantile Mortality Rates for the Borough for 1921 and the previous five years, while Table II. gives a comparison of these rates with those for England and Wales, for London, for certain groups of towns, and for the Urban and Rural Districts of Cumberland for the year 1921.

Table III. gives the principal causes of death. The most noticeable feature there is the number of deaths due to Tuberculosis (31). This is closely followed by Bronchitis (25), while Pneumonia and other respiratory diseases together account for 30 deaths. Cancer is credited with 20 deaths, while to Congenital Debility are ascribed 27 deaths, or more than half of the total deaths of infants under one year. These 27 deaths practically all took place within a few weeks of birth, and occurred in children born in such a feeble condition as to stand a poor chance of surviving. Twelve of them occurred during the first week of life and 22 during the first four weeks.

Table IV. gives the deaths from the eight principal zymotic diseases, which must be regarded as a very satisfactory record, the total number for the year being only 15.

Table V. gives an analysis of the infantile deaths. The principal causes of death will be seen to be Premature Birth, Wasting Conditions and Congenital Deformity, which I have grouped above under the term Congenital Debility. Next to these are Bronchitis and Pneumonia which account for 14 deaths, and Diarrhœa and Enteritis, which account for 8 deaths. The complete absence of the commoner infectious diseases of childhood is to be noted. While there is some difficulty in devising means to reduce the number of deaths due to Congenital Debility, there is more hope of reducing those due to respiratory conditions like Pneumonia and Bronchitis on the one hand, and intestinal conditions like Diarrhœa and Enteritis on the other, by impressing on the mothers the value of warm clothing and good ventilation and of increasing attention to cleanliness in the feeding of a child.

III.—NOTIFIABLE DISEASES DURING THE YEAR.

DISEASE.	Total Cases Notified.	Under 1 Year.	1 to 2	2 to 3	3 to 4	4 to 5	5 to 10	10 to 15	15 to 20	20 to 35	35 to 45	45 to 65	Over 65	Admitted to Hospital.	Deaths.
Diphtheria ...	13	...	1 (1)	1	1	1	4	1	1	2	1	...	...	11	1
Scarlet Fever ...	30	...	1	...	1	...	9	5	5	5	4	...	...	22	...
Enteric Fever ...	2	...	...	...	...	1	1	...	...	...	...	...	...	...	...
Puerperal Fever ...	1	...	...	...	...	...	...	...	...	1 (1)	...	...	...	1	1
Pneumonia ...	4	...	...	...	...	...	2	...	2	...	...	...	...	...	...
Ophthalmia Neonatorum ...	8	8	...	...	...	...	...	...	...	...	...	...	...	...	...
Erysipelas ...	1	1	...	...	...	...	...	...	...	1	2	2	...	...	...
Chickenpox ...	16	2	1	1	1	3	6	2	...	...	...	...	...	...	...
Pulmonary Tuberculosis—															
Male ...	24	...	...	...	1	...	3	1	...	6 (5)	6 (4)	6 (4)	1	...	13
Female ...	15	...	...	...	...	...	2 (1)	...	3 (2)	6 (6)	2 (2)	1 (1)	1 (1)	...	13
Total ...	39	...	...	...	1	...	5	1	3	12	8	7	2	...	...
Non-pulmonary Tuberculosis—															
Male ...	2	...	...	...	...	...	...	1	...	1 (1)	...	...	...	...	1
Female ...	3	(1)	1 (1)	...	...	...	2 (1)	...	...	(1)	...	...	...	...	4
Total ...	5	...	1	...	...	...	2	1	...	1	...	...	...	...	...

The figures shown in the above table give the numbers of cases notified in the different age group. The figures enclosed in brackets represent the numbers of deaths.

The eight cases of Ophthalmia Neonatorum were treated at home by the family doctors, and in each case complete cure was obtained with no impairment of vision.

IV.—CAUSES OF SICKNESS.

TUBERCULOSIS.

It will be seen from the information given in Section III. that of diseases notified during the year, Tuberculosis takes the first place, and it cannot be denied that as regards this disease the position in Whitehaven is a very serious one. During the year 47 cases of Tuberculosis were notified. Of these three had been previously notified so that the number of new cases notified as occurring in the town during 1921 was 44. 39 pulmonary and 5 non-pulmonary. Of the non-pulmonary cases, 3 died—2 of tuberculous meningitis and 1 of general tuberculosis. Of the 39 pulmonary cases, 12 died during the year. Of these, 2 died on the day of notification, 1 two days, 1 three days, and 1 five days after notification. The remaining 7 died within three months of notification.

Unfortunately, this is not the full record of the ravages of tuberculosis in Whitehaven during the year. Thirty-four deaths occurring during 1921 were certified as due to tuberculosis. Five of these were deaths of persons belonging to other districts occurring in institutions in the town, while 2 deaths of persons belonging to Whitehaven occurred in an institution in another district. This means that the total deaths due to tuberculosis, with which the Borough has to be credited for the year, numbered 31. In the case of 9 of these the only notification received that the person was suffering from tuberculosis was the death certificate.

Serious as these figures are, it follows that since many cases are not notified until the patient is extremely ill, while others are not notified at all, tuberculosis is much more rife than the actual number of notifications would indicate. That this disease should be very rife in Whitehaven is only what we would expect from the housing conditions prevailing. While bad housing conditions have a general depressing influence on the health of a population, there is no disease in the prevalence of which bad housing is admitted to have such an influence as tuberculosis, and it is to improved housing conditions generally that we must look with most hope for the diminution of this disease in Whitehaven.

Meanwhile, it should not be forgotten that while tuberculosis is essentially a preventable disease it is also a curable disease. The prospect of cure is, however, only good when the disease comes under observation early. Far too many people put off seeking medical advice until the disease is more or less advanced, and it is often only after they have consumed large quantities of cough mixtures without achieving the desired result that the constant cough receives very serious attention.

This is largely the reason why sanatorium treatment has not given the results that have been looked for. A sanatorium is not an institution for patients with advanced disease, but for early cases, and it is only when nothing but early cases are admitted to the sanatorium that lasting cure can be promised in any considerable proportion of cases. Apart from this, the function of a sanatorium is partly curative and partly educational. The patient benefits by his period of treatment under healthy surroundings, and learns how to live hygienically when he returns home again. In many cases, unfortunately, the patient returns from the sanatorium to a house in which it is practically impossible to live hygienically, the benefit received at the sanatorium is soon lost, and the sufferer remains a possible source of infection to all around him. It is unfortunate that there is no provision made in this County for the institutional treatment of advanced cases. Such an institution would be of very great value in providing many sufferers with good nursing, which it is impossible for them to obtain at home, and also in preventing them from being a potential danger to all around them. It may be objected that the removal of such patients would have to be compulsory before any good would be attained. Personally, I believe there would be little difficulty in persuading most advanced cases to seek such treatment.

SCARLET FEVER.

Thirty cases of Scarlet Fever were notified during the year. Many of these were very mild cases, and none were very severe. Twenty-two were admitted to hospital. There were no deaths. Early in the year there was a small outbreak of Scarlet Fever, involving nine persons, in which the connecting link was apparently the farm from which they all received their milk supply, one case occurring at the farm itself. The case at the farm was removed to hospital, the sale of milk from the farm stopped for eight days, and no further cases occurred from this source. The other cases occurring throughout the year were apparently sporadic, and no connection could be traced from one to another.

DIPHTHERIA.

Thirteen cases of Diphtheria were notified during the year. One case belonged to another district and was removed to Galemire Hospital. Eleven cases were admitted to Bransty Hospital. The remaining case died of laryngeal diphtheria before it could be removed. All the cases treated in hospital made good recoveries, including one laryngeal case on which tracheotomy had to be performed immediately on its admission to hospital.

ENTERIC FEVER.

One case was reported and was treated in hospital, where it made a good recovery.

PUERPERAL FEVER.

One case was notified and proved fatal. I reported the midwife in whose practice the case occurred for failure to send for medical assistance sooner than she did. This midwife's certificate has since been cancelled.

THE INFECTIOUS DISEASES HOSPITAL.

Thirty-four cases were admitted to hospital during the year with the following diagnoses :—

Scarlet Fever	...	...	22
Diphtheria	...	...	11
Enteric Fever	...	...	1

All cases made a good recovery and were discharged cured.

V.—SUMMARY OF NURSING ARRANGEMENTS, HOSPITALS AND OTHER INSTITUTIONS AVAILABLE FOR THE DISTRICT.

PROFESSIONAL NURSING IN THE HOME.

(a) *General.* The Whitehaven District Nursing Association employs four trained nurses, who visit and nurse patients in their own homes, at the request and under the direction of the medical practitioners practising in the town. There is no doubt that these nurses do a very large amount of useful work in the homes of the people most in need of such assistance, very often under housing conditions which make their task almost an impossible one. Two of the four District Nurses are also midwives and attend midwifery cases in addition to their general nursing duties.

(b) *Infectious Disease Nursing.* No arrangements have yet been completed for undertaking the home nursing of measles or whooping-cough on a comprehensive scale. A scheme was prepared during the year for undertaking this work in co-operation with the District Nursing Association, but was not found practicable by the Association. I consider that this work is of the very highest importance in a town like Whitehaven, and that it is only by the adoption of a comprehensive scheme whereby practically every case of measles or whooping-cough is visited by a trained nurse, whose duty it is to call the parents' attention to the importance of care, and to the advisability of calling in the doctor, and to act under the instructions of the doctor when he is called in, that we shall ever be able to diminish the heavy mortality among young

children which has characterised epidemics of these diseases in Whitehaven in the past. This is true preventive work, as by it some limits at least can be put to the spread of these diseases, and much more certainly will there result from it a considerable diminution of the complications, so often the result of thoughtlessness or ignorance on the part of the parents, which make these diseases so fruitful a source of death and disablement in young children. Such the best method of undertaking this work is by co-operation between our own nursing staff and the Nursing Association's nurses, but if the Nursing Association does not see its way to come to our assistance I agree with your previous medical officer, that the Council should undertake the work itself, making the necessary arrangements for the additional nursing assistance required.

MATERNITY AND CHILD WELFARE.

MIDWIFERY.

The Whitehaven Town Council is the local authority under the Midwives Acts, 1902 to 1918, and the inspection of midwives is carried out by the Medical Officer of Health.

During the year there were nine midwives practising in the town, five trained and four untrained. Two of the trained midwives are officers of the Council who devote their time wholly to midwifery and maternity nursing. Two others are District Nurses who do midwifery in addition to their other duties. The remaining trained midwife is in private practice on her own account. There is also a trained midwife at the Union Infirmary, but her work is confined to that institution.

I have inspected all the midwives once a quarter. Some of the untrained midwives are not altogether satisfactory, and one I had to report to the Council for neglect to send for medical aid in a case requiring such aid. As a result, the Central Midwives' Board has since removed this woman's name from the Midwives' Roll and cancelled her certificate.

The employment of a midwife by the Council has proved to be such a useful measure that during the year it was decided to employ a second midwife, as the first was unable to cope single-handed with all the work which was offered her. The second Council midwife took up her duties in August, and there is every indication that both midwives will soon be employed to the full. I consider this provision by the Council of the services of two skilled midwives as a measure of very great benefit to mothers and children in the town. The untrained midwife will disappear entirely in the course of a few years, and Whitehaven is fortunate in having so many trained midwives available for the needs of the community.

During the year, 160 midwifery cases were attended by the Council's midwives. In addition to attendance during labour 2,445 visits were made by the midwives, comprising 189 ante-natal, 155 post natal and 2,031 ordinary midwifery visits. "Ordinary midwifery visits" are visits paid during the fortnight following delivery. "Post-natal" visits are visits paid after this period.

CHILD WELFARE.

Six hundred and eight births were notified during the year, including 20 still-births, 10 cases of twins, and 2 cases of triplets. Five hundred and seventy-six of these children were visited by the Health Visitors and 2,559 re-visits made, so that the total number of visits paid to children under one year of age was 3,135. By these visits, there is no doubt at all, that a very great deal of valuable work is done. The Health Visitor is able to advise the mother as to the feeding and general care of the child. She is also able to advise the mother as to the necessity for taking care of her own health during the important months of nursing, so that the baby may be healthy, too. She also sees what difficulties many mothers are labouring under and is able to give useful advice, and in many cases she is able to assist in having insanitary conditions, not otherwise likely to be noticed, brought to the attention of the Sanitary Inspector, and so remedied. There is every reason to believe that in the vast majority of cases the visits of the Health Visitor are much appreciated by the mothers, who regard her as one to whom they may look for helpful advice in any of the difficulties which are apt to arise in the care of their children.

The Maternity and Child Welfare Centre in Sandhills Lane is open every Tuesday, at 2 p.m. During the year two hundred and sixty-one babies were brought to the Centre for the first time, and the total number of attendances was 2,413. The Health Visitors attend to the weighing of the babies and advise the mothers generally as to their care. The Medical Officer attends each meeting to see all new babies and such others as are referred to him by the nurses, or whose mothers wish to consult him. During the year there were over 200 such consultations. A committee of ladies has been of the greatest assistance as in former years in keeping the register of cases, talking to the mothers, and providing tea, for which a small charge is made.

Every effort is made to impress on the mothers that nature's method of feeding babies is best and that all babies should be breast fed, except where there is some very special condition which prevents this. There is reason to believe that breast-feeding is becoming more widespread again than it was

a few years ago, but there are still too many bottle-babies in Whitehaven. A number of these are brought to the Centre, and are supplied with dried milk at cost price. In necessitous cases, dried milk has been issued free of cost to mothers, either for their own use when they were nursing or for their babies when these were bottle-fed. No fresh milk is issued, as it is felt that dried milk is on the whole a very much safer food for young infants than fresh milk, unless it is produced under such hygienic conditions as I have not yet seen in this neighbourhood. During the year 102 nursing and expectant mothers were supplied with dried milk, free of cost, for varying periods.

During the coal stoppage in the summer a feeding centre for nursing mothers and children under five years of age was opened and carried on for several weeks, during which time 1,245 breakfasts and 2,341 dinners were served.

SCHOOL CLINIC.

The work of the School Clinic in Sandhills Lane has been fully dealt with in my Annual Report as School Medical Officer.

TUBERCULOSIS DISPENSARY.

The Tuberculosis Dispensary at 102, Scotch Street is provided by the County Council, and is in charge of the Medical Officer of Whitehaven, who is also Assistant County Tuberculosis Officer. The Dispensary is open one afternoon per week, and serves not only the Borough of Whitehaven, but surrounding districts as well. Increasing use is being made of this institution, and, during 1921, there were 761 attendances recorded. More than two-thirds of the patients attending are from Whitehaven itself.

VENEREAL DISEASE CLINIC.

There seems little doubt that venereal disease is as common in Whitehaven as in most towns, but there is no means of ascertaining the actual number of cases. A Clinic, where free advice and treatment is provided for sufferers from venereal disease, is held one day per week, at the Whitehaven and West Cumberland Infirmary, by a Specialist Medical Officer on the staff of the County Council. Considerable advantage has been taken of this opportunity of receiving the most modern treatment of these diseases, the number of patients attending during 1921 being 111, and the total number of attendances made being 719. Prompt and efficient treatment of a disease like syphilis is a valuable factor in the prevention of its spread, as it curtails the period of infectivity very considerably.

HOSPITALS PROVIDED OR SUBSIDISED BY THE LOCAL AUTHORITY OR THE COUNTY COUNCIL.

(1) *Tuberculosis.* There are thirty beds available at Blencathra Sanatorium, Threlkeld, for tuberculous adult patients in the County of Cumberland. Similar accommodation for tuberculous children belonging to the County is provided at Stannington Sanatorium. At the Engelthwaite Tuberculosis Colony, established by the County Council at Cotehill, a limited number of places are available for suitable male patients, whose condition does not prevent them from working at a suitable employment. This is a very valuable institution, where, in addition to receiving the appropriate treatment for his disability, a patient is trained in some suitable employment which may provide him with a livelihood when he returns again to ordinary life.

(2) *Maternity.* There is no maternity hospital accommodation available in Whitehaven. A few difficult cases are admitted to the Whitehaven and West Cumberland Infirmary, and a few births occur each year in the Union Infirmary. The housing conditions in Whitehaven are such as to make the necessity for maternity hospital accommodation almost a crying one, and it is good to know that the Whitehaven and West Cumberland Infirmary Board propose to have a maternity ward in their new hospital.

(3) *Children.* There is no children's hospital provided or subsidised by either Town or County Authority. There is a children's ward in the Whitehaven and West Cumberland Infirmary with fifteen cots.

(4) *Fever.* Bransty Isolation Hospital, provided by the Town Council, has 24 beds and 10 cots available for cases of infectious disease other than smallpox.

(5) *Smallpox.* The Whitehaven Town Council is a contributing authority to the Derwent Joint Smallpox Hospital Board, which has a hospital at Camerton. The hospital has six permanent beds and is so planned that temporary wards could be rapidly erected if necessity arose.

AMBULANCE FACILITIES.

(a) A horse-ambulance is kept at the Isolation Hospital for the removal of infectious cases. In the event of smallpox occurring anywhere in the County arrangements have been made by the County Medical Officer of Health for a special motor-ambulance to be sent from Carlisle.

(b) A horse-ambulance is kept at the Whitehaven and West Cumberland Infirmary for the removal of non-infectious and accident cases. In the case of accidents occurring at the mines in the neighbourhood, a motor-ambulance provided by the Mine Owners' Association is available.

V.—LABORATORY WORK, &c.

All bacteriological work undertaken has been done by the Clinical Research Association, London.

Local Acts and Bye-laws. There are no Local Acts or Special Local Orders relating to the Public Health in force in the district.

The following Adoptive Acts have been adopted :—

The Public Health Acts (Amendment) Act, 1890 :

Parts I. II. and III. adopted June, 1891.

The Public Health Acts (Amendment) Act, 1907 :

Parts II., III., IV., V., VI. and IX. adopted June, 1909.

The Infectious Diseases Prevention Act, 1890 :

Part I. adopted December, 1890.

Regulations for the sanitary control of Dairies, Cowsheds and Milkshops were adopted by the Council in 1900.

Bye-laws are also in force in the town with regard to Common Lodging Houses (1897), Slaughter Houses (1897), New Streets and Buildings (1915), Nuisances (1897), and Sanitary Conveniences (1897).

VII.—SANITARY ADMINISTRATION OF THE DISTRICT.

The ordinary work of the Sanitary Inspector has been carried out as usual during the year, and a summary of the defects found by him or reported to him, and the action taken will be found in Table IX. in the Appendix to this Report. A very large number of sanitary defects exist in a town like Whitehaven, and nuisances very frequently arise so that a very much greater amount of sanitary inspection and supervision is required than would be necessary in a more modern town where the housing conditions were better. I have reported to the Health Committee during the year that, in my opinion, there is much more work of this kind to be done in Whitehaven than can be adequately done by a part-time Sanitary Inspector.

DAIRIES, COWSHEDS AND MILKSHOPS.

The dairies, cowsheds and milk-shops in the Borough have been inspected from time to time during the year. Many defects have been discovered, both in the structure of the premises occupied and in the methods of the occupiers, and as a result of representations made, a number of serious defects have been remedied. I have no hesitation in saying that very great carelessness exists in regard to the conditions under which milk is produced and sold in Whitehaven, and there is little doubt that a very large quantity of dirty milk is consumed. To enforce the powers already possessed by a Local Authority in improving these conditions, regular and frequent inspections by an Inspector is absolutely necessary, and sufficient inspection is not possible at present with the present staff. If the Town's Regulations for Dairies, Cowsheds and Milkshops were regularly enforced, and proceedings taken against dairymen failing to comply with them, much might be done to improve the conditions under which milk is produced and sold. On the other hand, the consumer requires to be educated to know the value of clean milk, to demand clean milk and to refuse to accept anything offered to him as milk, unless he is assured as to its cleanliness. There seems to be every prospect that an attempt will be made to pass further legislation on the milk question in the near future, giving local authorities greater powers for dealing with the conditions under which milk is produced and sold. Meanwhile, we must endeavour to make full use of the powers we already possess, and try to educate both producer and consumer in the value of clean milk.

SLAUGHTER-HOUSES.

There are three licensed and five registered slaughter-houses in the Borough. For the most part these are small old buildings, not at all suitable for the purpose, and scattered as they are all over the town, it is difficult to exercise proper supervision over them, and to have all the meat killed in them inspected. Some of them are not at all satisfactory from a structural point of view and from their position, but considerable improvements have been made in three of them during the year, while a fourth, which was notoriously unsatisfactory, has been voluntarily closed and converted into a garage. Its place has been taken by a new slaughter-house, in the Pottery Road, which is a great improvement on any previous slaughter-house in the town, and is used by several butchers. This makes meat inspection by the Council's officers a simpler matter than in the case of the other small slaughter-houses.

INSPECTION OF FOOD.

I have on several occasions inspected foodstuffs suspected to be unsound. Nine whole carcasses of tuberculous beef were condemned during the year, and several portions of carcasses. It is of interest to note that all these cases were reported to us voluntarily, and all from the large slaughter-house which is used in common by several butchers.

DISINFECTION AND DISINFESTATION.

Disinfection of houses from which infectious cases have been removed or in which they have died has been carried out as usual by the Sanitary Inspector. No action has been taken to disinfest either premises or persons found to be verminous, although the need for disinfestation in one form or another must be said to be, very great in many households. Lice infestation is, unfortunately, very prevalent in Whitehaven, and to a certain extent this is not to be wondered at, being in part due to bad housing. The dark court-house, with its almost total absence of washing facilities beyond the outside water-tap shared by several families, cannot but be conducive to lack of cleanliness in its occupants. The verminous conditions come under observation mostly in school children, who are regularly inspected for this purpose by the School Nurses, children found in a verminous condition being excluded from school or kept under constant observation until they are cleansed. These examinations, followed up by home visits by the nurses, are producing gradual improvement in this respect, but much still remains to be done, and it is proposed to try the effect of prosecuting the parents of children constantly found to be verminous, under the Children Act, 1908. It is expected that this will have a good effect on parents difficult to influence in any other way.

SCAVENGING.

The scavenging of the town cannot be said to be satisfactory, so far as concerns the collection of the house-refuse and its disposal. Most of the house-refuse is collected daily. The receptacles in which householders deposit it for collection are many and various, most of them unsuitable for the purpose and the majority uncovered. Little attempt seems to be made by many people to burn combustible material like bones or vegetable refuse, so that the open receptacle offers considerable attraction to passing dogs, with the result that one frequently sees overturned buckets with their contents spread over the roadway. The uncovered receptacle is emptied into an uncovered cart, from which the wind is apt to blow dust over passers-by or into any open window or open door available.

Finally it is dumped on to the foreshore, above high-water mark, and what might be a very great asset to the town as a resort in summer for mothers with their children becomes, instead, the site of the town refuse dump. I know that this is only a temporary expedient, and that an alternative method is difficult to suggest at the moment, but I think it right to record my opinion on it. Meanwhile, whatever may be done as to the ultimate disposal of the town refuse, improvements might be made in its collection. The Council have power to pass bye-laws requiring each householder to provide a covered metal dustbin for his house-refuse. If this were done, and suitable covered carts provided to collect the refuse, great improvement would result.

VIII.—PUBLIC HEALTH STAFF.

The Staff of the Public Health Department consists of :—

(a) The Medical Officer of Health, who is also School Medical Officer, and, in addition, holds the offices of Medical Officer of Health to the Whitehaven Rural District Council and Assistant Tuberculosis Officer under the County Council. He devotes his whole time to these offices. He acts as Medical Officer to the Infectious Diseases Hospital and to the Maternity and Child Welfare Centre, and as Inspector of Midwives in the Borough.

(b) The Sanitary Inspector, who is also Inspector of Markets and the Officer designated under the Housing and Town Planning Act, 1909. He spends one day per week and Saturday evening in his duties in connection with the market.

(c) Two Health Visitors, who are also School Nurses; dividing their time equally between these two offices. They are both fully-trained nurses and possess also the Certificate of the Central Midwives' Board.

(d) Two Midwives, both trained, one of whom is also a fully-trained general nurse. They devote their time altogether to midwifery and maternity nursing.

(e) Two Nurses (whole-time) employed at the Infectious Diseases Hospital.

IX.—HOUSING.

The housing problem in Whitehaven is, unfortunately, a very serious one, and has been so for the greater part of a century. The causes given for this very unsatisfactory state of affairs have been set forth so often that little is to be gained by repeating them, and it is of more interest to observe that only one solution has ever been suggested, namely, the provision of more and better houses.

In 1849, Sir Robert Rawlinson, K.C.B., Superintending Inspector under the General Board of Health of England, made a general inspection of the sanitary condition of Whitehaven, apropos of the undue prevalence of infectious diseases there during the previous ten years. After describing in considerable detail the great congestion of houses in the town, for the most part overcrowded and insanitary, he reported: "I agree that if properly constructed cottages were provided and the present wretched places closed, such new houses would be tenanted, and would also be paid for by a superior class of people. In fact, the same people would be raised up to them. At present, Whitehaven attracts within it all the wretchedness and misery of the district, and degrades every unfortunate labourer compelled to seek work there, down to a common level. The poverty of Ireland swarms over to kindred misery, and disease, death, and oppressive poor's rates are the consequence."

In 1863, there was again a widespread epidemic of enteric fever in Whitehaven, and Dr. J. S. Bristowe, Medical Inspector to the Privy Council, inspected the town. The final paragraph of his report reads as follows: "I may add that the close packing together of houses, which forms one of the most serious evils at present existing in Whitehaven, is not otherwise remediable than by reconstruction of a great part of the town, and I am of opinion that this object might, as far as practicable, be carried out."

In 1901 there was another serious outbreak of enteric fever in Whitehaven, and Dr. H. Timbrell Bulstrode, one of the Medical Officers of the Local Government Board, made an inspection of the sanitary conditions of the town. After dilating on the great numbers of dark, narrow courts with their badly-lit, badly-ventilated, insanitary houses, he wrote: "I am quite alive to the difficulty of dealing in a wholesale fashion with the problem here in question, but it is difficult to imagine a place better fitted for the application of Part II. of the Housing of the Working Classes Act than Whitehaven. The removal here and there of the most insanitary and obstructive buildings would effect an enormous improvement as regards light and air. I agree with the Medical Officer of Health when he advocates in his last annual report the provision of healthy, well-ventilated cottage property, at a moderate rent, outside the already overcrowded area."

In 1904, Dr. Reginald Farrer, another of the Medical Officers of the Local Government Board, visited Whitehaven and inspected the town. After discussing the housing conditions and what had been done by the Local Authority to

remedy them, he reported : " It cannot be too strongly urged
 " that the work thus done has been of the nature of patch-work
 " expended upon a fabric which is in need of radical recon-
 " struction. The squalor, moral, physical and social, which at
 " present exists in the slums of Whitehaven has not been
 " effectively diminished by the work so done, for the condition
 " of the town is such that no measure, ~~part~~ of an effective
 " scheme of demolition, and the provision of additional house
 " accommodation in suitable sites beyond the area at present
 " inhabited, will be of permanent benefit. . . . I cannot but
 " express the view that if the Town Council delay longer to
 " face this urgent problem they will be displaying an inadequate
 " sense of corporate responsibility."

It is seldom that the sanitary condition of a town has had so much light thrown on it from authoritative sources, from time to time in its history, and it is interesting to note the changes that have taken place since 1849. First, a water-supply which will compare with any in the country, and the first in the country to be taken from a natural lake, was instituted in 1867. The town was sewered in 1866, and since that date it has been gradually supplied throughout with water closets so that for many years the privy has no longer existed. The courts have been paved and supplied with street lamps. The vast majority of the court houses have been fitted with sash windows, and a number of houses have been closed and demolished.

In spite of these improvements, however, the housing problem remains almost as bad as ever. The cellar dwellings have been closed, the courts paved, the middens removed, water led into the court and the privy converted into the water closet, but the court remains narrow, as before, the houses back to back and crowded together so that efficient ventilation is impossible, and lighting almost as bad. With the passage of the years the houses condemned by successive inspectors as insanitary become more and more unfit for habitation. New houses have been built, but a corresponding number have been closed or demolished, and the increased population is accommodated in houses which were already overcrowded. Such statistics as are available prove that conditions were actually worse in 1921 than they were in 1904. Thus, on December 31st, 1903, the number of habitable houses in Whitehaven was 4,161. Between that date and March 31st, 1912, 119 new houses were erected and occupied, but 133 old houses were put out of action by closure, demolition or reconstruction, so that on March 31st, 1912, the number of habitable houses in the town was 4,147. Between March 31st, 1912, and December 31st, 1920, 85 new houses were erected and occupied,

while 74 old houses were put out of action, a few being closed or demolished, others falling into an uninhabitable state, by stress of weather or time, and the rest being dwelling-houses over shops vacated as dwelling-houses and converted into business premises. Thus, the number of inhabited houses (not necessarily habitable) on December 31st, 1920, was 4,158. This means that at the beginning of 1921 there were actually fewer houses in Whitehaven than at the beginning of 1904, and only eleven more than there were in 1912, when the Council decided to take advantage of its powers under the Housing and Town Planning Act and embark on a housing scheme. This was done, not to deal with overcrowding in houses, but to deal with insanitary property, it being impossible to close any houses without providing accommodation for the dispossessed tenants. The need then was so great that the wisdom of such a proceeding was hardly questioned. The population of Whitehaven then was 19,044, and the number of habitable houses, 4,147. In January, 1921, the population was, roughly, 19,800 (population at Census, June, 1921, corrected by the Registrar General 19,810), and the number of houses, 4,158. Thus there were 800 more people to be provided for than in 1912, when the need for new houses was felt to be so great, and eleven new houses to accommodate them. If each new house took five occupants there still remained, in 1921, almost 750 inhabitants of the town to be accommodated before a single insanitary house could be closed.

It must not be thought, however, that 750 is the measure of the overcrowding in the town, which must be alleviated before insanitary property can be dealt with. The houses which were insanitary in 1912 are much more insanitary to-day. With the passage of the years they have become more and more decrepit, and this process has been hastened during the five years of war, when practically no repairs were carried out except the absolutely urgent ones. The result is that in many houses, one or more rooms are in such a ruinous state as to be quite uninhabitable, with the result that the other rooms are more overcrowded than ever.

Many houses are occupied by two or more families. In one house, consisting of one living room, one cellar, and three bedrooms, three families, comprising twenty-one members, were found a few months ago. Three babies had been born in this house during the previous six months, one of them in the cellar. In a house consisting of a living room and three bedrooms, eight adults and six children were found, in another of the same size nine adults and five children. In this case six of the adults were coalminers, and they had to arrange to be three on one shift and three on the other, so as to have a chance

of getting regular meals and rest. In a house with a kitchen and two bedrooms, four adults and ten children were found, and in one consisting of a kitchen and one bedroom three adults and six children were found, one suffering from acute pulmonary tuberculosis. A single-room house, so situated as to require artificial light to be burned all day during the winter months, was found to be occupied by three adults and four children. In several cases, father and mother and three or four children occupy single-room houses. In some cases grown-up sons and daughters of a family occupy the same bedroom.

During the year twenty-four births occurred in single-apartment houses. This meant that when the mother was ill the rest of the family had to seek shelter elsewhere. In a few other cases the mother had to seek admittance to the Infirmary or the Workhouse Hospital, to be confined. In twelve cases, children were born in houses where their parents were in apartments. In twenty-five cases children were born in grossly overcrowded houses, and in twenty-nine cases children were born in houses so insanitary as to be reported by the Health Visitors. In one case at least a child was born in a cellar, the mother having no other accommodation.

The above are but a few examples of the large numbers of cases of overcrowding to be met with in Whitehaven. They are no index of the extent in which this great evil exists, or of the physical and moral deterioration which it necessarily brings with it. These are not so easily calculated.

But bad as is the overcrowding of persons in houses, the overcrowding of houses on site is equally bad. There are over 150 courts in the town, with over 700 houses in them. The vast majority of these, by their construction or situation, are unfit for human habitation. The alleys leading into these courts are rarely more than 3ft. wide. Sometimes they are hardly 2ft. 6in. Many of the courts themselves are only 3ft. wide, the windows of the houses looking out on a high wall or on the windows of the houses opposite. In both such cases the houses are necessarily very dark and rarely see the sun, while as the court houses are mostly back to back, satisfactory ventilation is impossible. In several houses the living room is so situated that it is a physical impossibility for a direct ray of sunshine ever to have entered it. Some of these rooms are lit by gas or paraffin lamp all day long throughout the winter months.

The water supply and the water-closet accommodation of most of the houses is unsatisfactory. In most cases the water is obtained from an outside tap, a bath is unknown, and many

houses are without even a sink. One tap sometimes supplies three, four or five houses. Similarly one W.C. supplies two, three, four or even five houses. The close packing of these court-houses is so great—in one small area it is at the rate of 177 houses per acre, estimated by the Borough Surveyor—that the situation of the W.C. is often very unsatisfactory. In some cases it is situated in a cellar, ventilating into the room above. The cellar may be partly wash-house, partly W.C.—one undivided room. In some cases the W.C. and coal-house share a dark and miserable hovel and open directly into the kitchen.

The more obvious effects of bad housing in Whitehaven may be seen in the health of the town. Although enteric fever and typhus no longer occur at short intervals to draw attention to the insanitary state of the town, yet tuberculosis, a disease universally attributed, in part at least, to bad housing conditions, is very widespread, this disease alone accounting for more than 10 per cent of the deaths in Whitehaven during 1921. Only twice in the history of Whitehaven has the General Death-rate been below 16 per thousand, a comparatively high figure, and only three times has the Infantile Mortality Rate been less than 100 per thousand.

The less obvious effects are not so easily calculated. These are the moral and physical degradation which are too often the lot of the slum-dweller, the lowered vitality and chronic ill-health which result from dampness and lack of sunshine and ventilation. The ricketty child, the slatternly mother, the alcoholic father, the discontented workman are, in large part, the product of the slum.

I have gone into the question of housing in Whitehaven, in this report, in what may appear to some, undue length, when it is well known that the whole energies of the Town Council are directed steadily on the provision of new houses. I have done so, however, in full knowledge of this fact, but knowing also that if we are to obtain the full number of new houses, that the Council had decided is necessary to meet the town's needs, the full magnitude of Whitehaven's housing problem must be kept constantly before the Government Department, in whose power it is to help or hinder the work. The remedy is long overdue, and there must be no slackening of effort if the long-standing reproach is to be removed and Whitehaven become again what it is said once to have been, a model town so far as housing is concerned.

It is a pleasure now to turn from this dismal record of the careless housing of the past to what has been done and is being

done to ensure a better state of things in the future. During 1921 ninety-five new houses were occupied in the Borough, made up as follows :—

Council Houses—Coach Road Gardens	...	51
„ „ Bransty	... ..	14
„ „ Arrowthwaite	... ..	1
Whitehaven Colliery Co.'s Houses—Arrowthwaite		2
„ „ „ „ Thwaiteville		27

At the end of the year 116 further houses were in course of construction, some almost completed, and since occupied. These are made up as follows, 9 at the Coach Road to complete the scheme of 60 houses there, 21 to complete the Council's direct labour scheme of 22 houses at Arrowthwaite, 5 to complete the Colliery Company's scheme of 32 hutments at Thwaiteville, 6 to complete one contractor's share of the Council's Bransty scheme, and 84 to complete another contractor's share. Thus, at the end of December, 1921, there were 95 new houses occupied and 116 others under construction, 25 of which have since been occupied. It must be admitted that these are very satisfactory figures, and that there must be very few, if any, towns in the country which can show a better record of housing activity during the past two years. At the same time it must be recognised that such is the great need for houses in Whitehaven that the effect of the number of houses already occupied is almost inappreciable, and that before even the gross overcrowding which exists can be alleviated, at least as many more houses must be built as have been already completed and are in course of construction. After that, the Council will be faced with the same position as in 1912, when it decided to embark on municipal housing schemes, so as to be in a position to deal with the insanitary property in the town.

One of the results of the new houses provided so far appears to be that many people who were formerly quite satisfied with the house they were living in are no longer so. The sight of their fortunate friends living in comfortable, well-lighted, well-ventilated houses with wash-house, bath-room, hot and cold water supply, and other conveniences, not to speak of a garden, and paying not a great deal more than they may be themselves, for a badly-lit, badly-ventilated house, often in a state of bad disrepair, with perhaps no wash-house, or not even a sink, far less a bath, situated perhaps in a court or hemmed in by other houses, appears to have the natural result of making them discontented with the conditions which appeared to be normal before, and determined to make every effort to obtain a better house, too. This is a healthy form of discontent, and one which should be encouraged.

House-to-house inspections have been carried on throughout the year by the Inspector, and in a few cases the Borough Surveyor and myself have made special inspections of defective houses. These inspections, have not, however, been carried out on the same scale as in former years, as it was felt that there was little to be gained by making minute inspections of houses, no matter how defective, when it was quite impossible to close or demolish a single house in the town, in the present state of housing shortage. Our energies have been directed more to dealing with such defects as came under our notice in the ordinary course, or to which our attention was directed. In these cases the owners were required, either by informal intimation or by statutory notice to carry out the necessary repairs. Such intimations or notices have in the majority of cases been complied with.

The following return gives a record of the work done in this connection :—

I.—UNFIT DWELLING-HOUSES.—INSPECTION.

(1)	Total number of dwelling-houses inspected for housing defects (under Public Health or Housing Acts)	187
(2)	Number of dwelling-houses which were inspected and recorded under the Housing (Inspection of District) Regulations, 1910	48
(3)	Number of houses found to be in a state so dangerous or injurious to health as to be unfit for human habitation	—
(4)	Number (exclusive of those in (3) found not to be in all respects reasonably fit for human habitation	145

II.—REMEDY OF DEFECTS WITHOUT SERVICE OF FORMAL NOTICE.

Number of defective dwelling-houses rendered fit in consequence of informal action by the Council's Officers	44
--	----

III.—ACTION UNDER STATUTORY POWERS.

A.—Proceedings under Section 28 of the Housing, Town Planning Act, 1919.

(1)	Number of dwelling-houses in respect of which notices were served requiring repairs	12
(2)	Number of dwelling-houses which were rendered fit	12
(3)	Number of dwelling-houses in respect of which Closing Orders became operative in pursuance of declarations by owners of intention to close	<i>Nil.</i>

B.—Proceedings under Public Health Acts.

- (1) Number of dwelling-houses in respect of which notices were served requiring defects to be remedied 24
- (2) Number of dwelling-houses in which defects were remedied :—
- (a) By Owners 19
- (b) By Council in default of Owners ... *Nil.*

C.—Proceedings under Section 17 and 18 of the Housing, Town Planning, &c., Act, 1909. No proceedings were taken under these sections.

APPENDIX TO ANNUAL REPORT.

TABLE I.—VITAL STATISTICS OF BOROUGH DURING 1921 AND FIVE PREVIOUS YEARS.

Year.	Popula- tion estimat'd to Middle of each year.	Nett Births belonging to the District.			Nett Deaths belonging to the District.					
		Total No.	Rate per 1,000 popu- lation.	Illegitimate No.	Under 1 Year of age.				At all Ages.	
					Total No.	Rate per 1,000 Live Births	Illegiti- mate No.	Rate per 1,000 Illeg. Births.	No.	Rate per 1,000 popu- lation.
1.	2.	3.	4.	5.	6.	7.	8.	9.	10.	11.
1916	18,040	499	27·66	..	46	92·18	..	..	290	16·08
1917	17,892	479	24·04	..	68	141·90	..	..	279	15·59
1918	17,693	485	24·46	..	63	129·00	..	..	358	20·23
1919	{ 19,205* 18,436†	529	27·54	35	61	115·31	6	171·42	328	17·79
1920	19,171	672	35·05	27	72	107·14	5	185·18	320	16·69
1921	19,810	589	29·73	23	53	89·98	2	86·95	261	13·17

*—For calculation of the Birth-rate } Figures supplied by the Registrar
†—For calculation of the Death-rate } General.

TABLE II.

Showing a Comparison of the Birth, Death and Infantile Mortality Rates for the Year 1921, of Whitehaven, with those of England and Wales as a whole, of certain groups of towns, of London, of the County of Cumberland, and of the Urban and Rural Districts of Cumberland.

	Birth Rate.	Death Rate.	Infantile Mortality Rate.
England and Wales	22·4	12·1	83
96 great towns, including London (Census populations exceeding 50,000)	23·3	12·3	87
148 smaller towns (Census popula- tions 20,000 to 50,000)	22·7	11·3	84
London	22·3	12·4	80
County of Cumberland	24·5	12·4	82
Urban Districts of Cumberland ...	26·1	12·9	89
Rural Districts of Cumberland ...	22·5	11·8	72
Whitehaven	29·73	13·17	89·98

TABLE III.
CAUSES OF DEATH DURING THE YEAR 1921.

Causes of Death.				Males.	Females.
All causes .. .. .	..	..	..	131	130
Enteric Fever .. .. .	..	..	..	..	..
Smallpox .. .. .	..	..	..	..	..
Measles .. .. .	..	..	..	..	..
Scarlet Fever .. .. .	..	..	..	..	..
Whooping Cough .. .. .	..	..	..	..	3
Diphtheria .. .. .	..	..	..	1	..
Influenza .. .. .	..	..	..	1	1
Encephalitis Lethargica .. .. .	..	..	..	..	..
Meningoconal Meningitis .. .. .	..	..	..	..	..
Tuberculosis of Respiratory System .. .. .	..	..	..	12	13
Other Tuberculous Disease .. .. .	..	..	..	2	4
Cancer, malignant disease .. .. .	..	..	..	10	10
Rheumatic Fever .. .. .	..	..	..	1	2
Diabetes .. .. .	..	..	..	1	1
Cerebral Hæmorrhage, &c. .. .. .	..	..	..	6	11
Heart Disease .. .. .	..	..	..	11	9
Arterio-sclerosis .. .. .	..	..	..	4	..
Bronchitis .. .. .	..	..	..	14	11
Pneumonia .. .. .	..	..	..	14	13
Other Respiratory Diseases .. .. .	..	..	..	3	..
Ulcer of Stomach or Duodenum .. .. .	..	..	..	..	..
Diarrhœa, &c. (under 2 years) .. .. .	..	..	..	8	3
Appendicitis and Typhlitis .. .. .	..	..	..	..	..
Cirrhosis of Liver .. .. .	..	..	..	..	1
Acute and Chronic Nephritis .. .. .	..	..	..	5	4
Puerperal Sepsis .. .. .	..	..	..	..	1
Other Accidents and Diseases of Pregnancy and Parturition .. .. .	..	..	..	..	2
Congenital Debility & Malformation, Premature Birth .. .. .	..	..	..	14	13
Suicide .. .. .	..	..	..	2	..
Other Deaths from Violence .. .. .	..	..	..	8	3
Other Defined Diseases .. .. .	..	..	..	14	23
Causes ill-defined or unknown .. .. .	..	..	..	..	2

TABLE IV.—DEATHS FROM EIGHT PRINCIPAL
ZYMOTIC DISEASES IN 1921.

Smallpox	...	...	...	...	...	0
Measles	...	...	...	...	...	0
Scarlet Fever	...	...	...	...	...	0
Diphtheria and Croup	...	...	...	...	...	1
Whooping Cough	...	...	...	...	...	3
Typhus	...	...	...	...	...	0
Typhoid (Enteric) Fever	...	...	...	...	...	0
Diarrhoea and Enteritis (under 2 years of age)					...	11
						—
					Total	15

Zymotic Death-rate per 1,000 of population—0.75.

TABLE V.—CAUSES OF INFANTILE DEATHS.

Premature Birth	...	...	...	...	...	11
Wasting Conditions (Atrophy, Debility, Marasmus, &c.)						11
Congenital Malformations	...	...	...	...	...	2
Accidents at Birth	...	...	...	...	...	0
Congenital Syphilis	...	...	...	...	...	0
Diarrhoea and Enteritis	...	...	...	...	...	8
Whooping Cough	...	...	...	...	...	0
Bronchitis and Pneumonia		...	...	...	...	14
Influenza	...	...	...	...	...	0
Tuberculosis	...	...	...	...	...	1
Meningitis (non-tubercular)		...	...	...	...	0
Convulsions	...	...	...	...	...	3
Accidental	...	...	...	...	...	0
Other Causes	...	...	...	...	...	3
						—
					Total	53

TABLE VI.
SUMMARY OF SANITARY INSPECTOR'S REPORT, 1921.

NUISANCES DEALT WITH

Defective roof walls and ceilings (causing dampness) ...	35
„ Rain-water spouts	14
„ Water supply (from defective connections) ...	2
„ Gully traps	4
„ and choked drains	23
„ Paving and channelling in courts, yards, etc.	17
„ Sink connections	4
„ Urinal	2
„ Middenstead	2
„ Water-tap and pipes (wasting water) ...	5
„ Floors (harbouring dirt)	9
Accumulations of manure in connection with stables, cowsheds and slaughter-houses	16
W.C.'s insanitary state, fittings defective, &c. ...	54
Houses and premises in insanitary condition ...	13
Limewashing of courts	23
„ „ slaughter-houses	13
„ „ cowsheds	4
Nuisances caused by fish offal	10
„ „ „ pigs and poultry	6
Nuisances caused by deposit of ashes	36
	<hr/> 292
Miscellaneous	78
	<hr/> 370

TABLE VII.

Workshops on the Register at the end of the Year 1921.

Nature of Business.	No. of Work-shops.	Number of Persons employed.		
		Male.	Female.	Total.
Dressmakers and Milliners	18	...	60	60
Bakers	10	13	37	50
Tailors	9	29	27	56
Joiners	3	8	...	8
Cloggers	6	12	...	12
Boot and Shoemakers	5	13	...	13
Dealers in Cycles and Motors	4	42	...	42
Braziers and Tinsmiths... ..	1	3	...	3
Saddlers	2	12	6	18
Tallow Melter	1	5	...	5
Bacon Washer	1	3	...	3
Plumbers	7	41	...	41
Coach Builder	2	4	...	4
Aerated Water Maker	2	10	...	10
Hosier ... ..	...	..	...	...
Blacksmith	1	3	...	3
Builder	1	12	...	12
Upholsterers	2	2	2	4
Watchmaker	1	2	...	2
Total	76	214	132	346

FORM A.

AMOUNT OF SHIPPING ENTERING THE DISTRICT
DURING THE YEAR.

	Number.	Tonnage.	Number Inspected		Number reported to be Defective.	Number of Orders Issued.
			By the M.O.H.	By the Inspector of Nuisances		
<hr/>						
FOREIGN—						
Steamers	7	4,179	1	6	.	...
Sailing	3	1,162	1	2		...
Fishing ... ..		...	...	...		...
<hr/>						
Total Foreign	10	5,341	2	8	...	...
<hr/>						
COASTWISE—						
Steamers	1,123	69,013	...	...	...	...
Sailing						
Fishing						
<hr/>						
Total Coastwise	1,123	69,013	...	..		...
<hr/>						
Total Foreign and Coastwise ...	1,133	74,354	2	8	...	...

